NC Department of Commerce, Division of Employment Security
Initial Application for Disaster Unemployment Assistance – DUA

A. INFORMATION			
Applicant's Name	Social Security Number	Gender ☐ Male ☐ Female	LO Number
Street Address	Announcement Date	Date of Birth	Disaster Number
City / State / Zip	End of 30-day Filing Period	US Citizen ☐ Yes ☐ No	Disaster Name
County Name and Code	Dates of occurrence	Alien Registration#:	UI BYE DATE
Telephone Number	UI Status: (Check One) ☐ Pending ☐ Exhausted ☐ Ineligible		UI WBA

B. EMPLOYMENT INFORMATION AT TIME OF DISASTER	
Dates of Employment: From: To:	
Employer Name & Address of Jobsite:	☐ Covered Employment ☐ Scheduled Employment ☐ Self-Employment ☐ Seasonal Employment
County Name & Code:	Occupation:
Telephone Number:	

C. PLEASE INDICATE HOW YOUR UNEMPLOYMENT IS A DIRECT RESULT OF THE DISASTER: (Check all that apply)

- ☐ Worksite damaged/closed
- ☐ Unable to reach worksite
- ☐ Injured during the disaster
- ☐ Unable to start new job/self-employment as scheduled
- ☐ Became head of household due to death
- ☐ Other:

D. DETAILED STATEMENT

My unemployment is (was) a direct result of this disaster because:

DATE EMPLOYER CLOSED BUSINESS (if different from last day worked):
DATE EMPLOYER PLANS TO REOPEN:
IF EMPLOYMENT IS SEASONAL PLEASE PROVIDE END DATE OF SEASON:

E. OTHER COMPENSATION

	Applied		Receiving			Monthly Amount	Period Covered *(Mo/Day/Yr)*	
Have you applied for or will you receive:	Yes	No	Yes	No	Pending		From	To
Any state, federal or railroad unemployment benefits?	☐	☐	☐	☐	☐			
Social Security Disability or any illness benefits?	☐	☐	☐	☐	☐			
Private income protection insurance?	☐	☐	☐	☐	☐			
Holiday or vacation pay?	☐	☐	☐	☐	☐			
Pension or retirement benefits?	☐	☐	☐	☐	☐			

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Applicant's Name	SSN:

F. OTHER INFORMATION (All Applicants)

1. When do you anticipate returning to your employment / self-employment? (Date):

G. FARMING ACTIVITY (If Applicable)

Size of Farm: (In Acres)

1. In the columns below, list all farm products raised and held primarily for sale and farm income. (Use back of form if necessary)

Crops	Crop Acreage	Livestock	Livestock Quantity	Others	Other Quantity

2. What specific damage was sustained by your crops, livestock, equipment or buildings? Please explain below. (USE BACK OF PAGE IF NEEDED):

H. FISHING ACTIVITY (If Applicable)

1. Which activity within the seafood industry are you involved in?
☐ Food Services ☐ Processing of seafood ☐ Fishing/Shrimping/Crabbing/Oysters

2. Do you have helpers? ☐ Yes ☐ No **If YES**, how many?

3. If involved in fishing/shrimping/crabbing/oysters, are you paid by share of the catch or share of the proceeds?
☐ Share of the catch ☐ Share of the proceeds What percent is your share? %

4. If involved in fishing/shrimping/crabbing/oysters, what is your main catch?:

5. Did your boat(s), nets or other equipment sustain damage as a direct result of the disaster? ☐ Yes ☐ No **If YES**, what are you doing to repair your boat(s), nets or equipment for usage? Please explain below. (USE BACK OF PAGE IF NEEDED)

I CERTIFY that all of the information I have given on this application and forms related to this application is correct to the best of my knowledge and belief, and that I have supplied this information in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE (DUA). I understand that federal funds are provided and I may be subjected to prosecution for willfully concealing material facts or knowingly making a false statement to obtain DUA to which I am not entitled. I am furnishing my Social Security Number as required under for purposes of reporting DUA as a federal taxable income and for determining my entitlement to DUA. I UNDERSTAND, in accordance with 20 CFR 625, 16(b), that information concerning my DUA application may be disclosed only as is allowed with respect to regular compensation under state law and to the U.S. Department of Labor.

Signature of Applicant **Date**

Signature of Agency Representative **Date**